

TRANSPORT LOG: NON-REGULAR PICK-UPS

Facility Name:

BY MARKING “**N**” IN THE “PICK-UP” COLUMN, I AM STATING THAT THERE IS NO “ABSORBENT” BIOMEDICAL WASTE NOR FILLED SHARPS CONTAINERS REQUIRING A PICK UP.

BY MARKING “**Y**”, I AM STATING THAT THERE IS A RECEIPT or OTHER TRANSPORT LOG FOR THE PICK UP, WHICH WILL BE AVAILABLE FOR INSPECTION.

JTB 1H9R

YEAR

MONTH	PICK-UP Y/N	INITIALS	COMMENT
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
<small>JTB 1EAL</small>			

YEAR

MONTH	PICK-UP Y/N	INITIALS	COMMENT
JANUARY			
FEBRUARY			
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